Name in Full

Certificate of Death

Robert Beard

Died at ~~Town~~ South River County Anne Arundel MARYLAND

Date 189 9 Month Nov Day 9 | Age Y. 42 M. D. | Native of Md | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name John Beard

Mother's Name [illegible] Beard

Cause of Death: Primary Whiskey 34 How long sick 24

Immediate Exposure

Accident, ~~Suicide~~, ~~Homicide~~

Reported by John Collison M. D.

Address South River A. A. County

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full

Certificate of Death

Dr. W. H. Bennet

Died at Town Shady Side County Anne Arundel MARYLAND

Date 1897 Month 1 Day | Age Y. M. D. | Native of | Occupation

Male White Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary 161 Immediate

How long sick

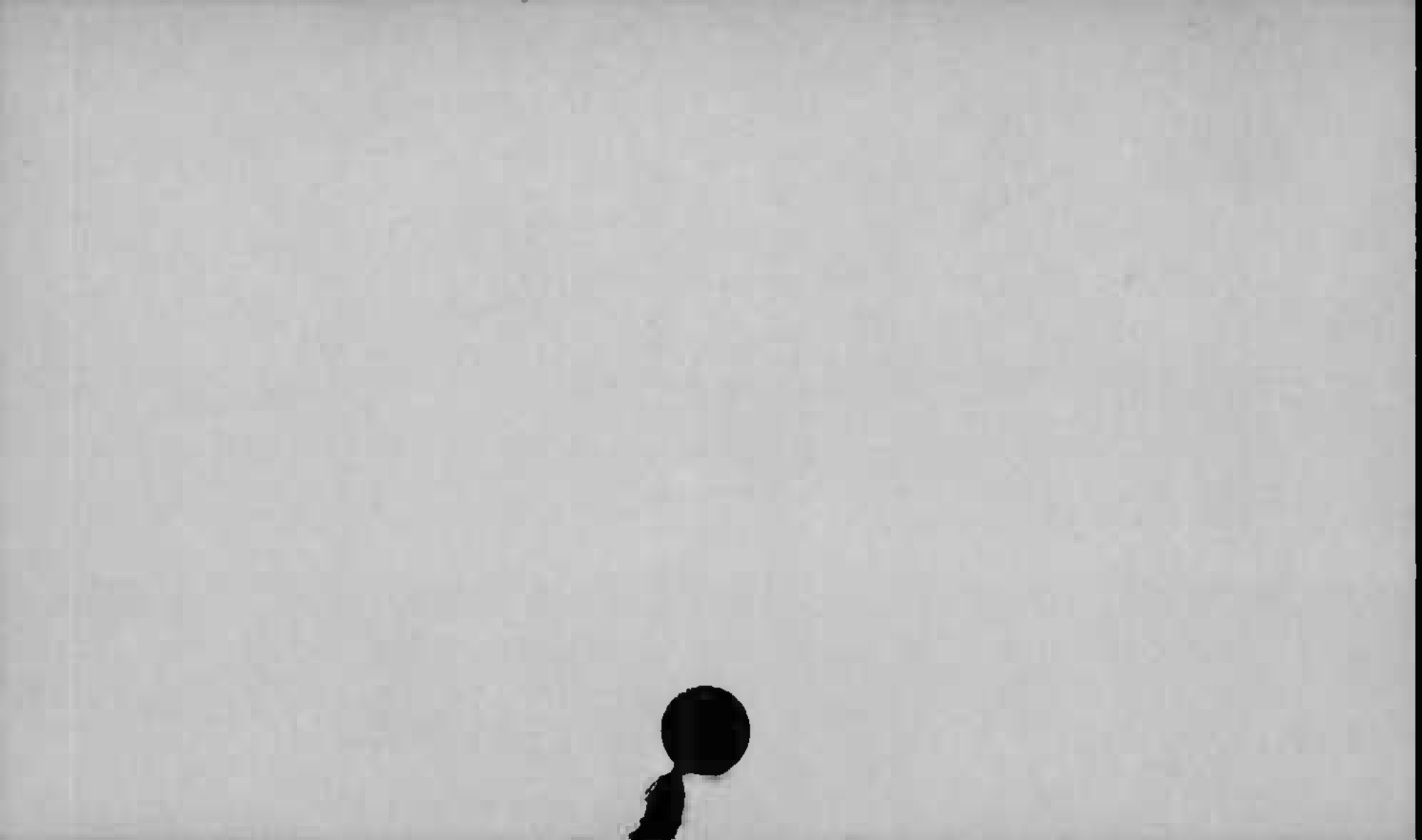
Accident, Suicide, Homicide

Reported by Md. Republican 11-20-

Address

Must be signed by physician, if any in attendance, otherwise by co[illegible]r, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Washington H. Bennett, M. D.

Died at Town Churchton County A. A. MARYLAND

Date 189 9 Month Nov Day 13 | Age Y. 57 M. D. | Native of Md | Occupation Physician

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 6

~~Wife~~ Husband of Amanda E. Dawson

Father's Name Hamilton Bennett | Mother's Name Elizabeth Bennett

Cause of Death: Primary Pneumonia 72 | How long sick 12 days

Immediate Exhaustion | ~~Accident, Suicide, Homicide~~

Reported by Geo. T. Dent M. D.

Address Churchton, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU FORM

Name in Full

Certificate of Death

Mrs. Sophia Bourke

Town

County

Died at Anne Arundel MARYLAND

| Month | Day | Y. | M. | D. | Native of | Occupation |
|---|---|---|---|---|---|---|
| 11 | 13 | | | | | |

Date 189 9 Age

Male / Female

White / Colored

Married / Single

Widow / Widower

Divorced

Number of children living

Husband of / Wife

Jas. M. Bourke

Father's Name

Mother's Name

Cause of Death — Primary: 161

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Evening Capital 12-14

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full

Certificate of Death

Geo W. Bowen.

Died at Town Annapolis County A.A. MARYLAND

Date 1899 Month Nov Day 9th Age Y. M. D. 3 Native of Mas Occupation

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ ~~of~~

Father's Name Thomas Bowen

Mother's Name Edith Bowen

Cause of Death Primary Cataart 71 How long sick Una weeks

Immediate Broncho Pneumonia ~~Accident, Suicide, Homicide~~

Reported by Alex Evans Undertaker

Address 24 College Ave Annapolis

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name of Medical
attendant
Dr. Wm Bishop

Name in Full Claude Butler

Certificate of Death

Died at Town Tombrills County A.A. MARYLAND

Date 189 7 Month 11 Day 8 Age Y. 20 M. — D. — Native of [illegible] Occupation Domestic

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife Andrew Butler

Father's Name Benjamin F Butler Mother's Name Fannie Butler

Cause of Death Primary Consumption How long sick one year

Immediate 22a ~~Accident, Suicide, Homicide~~

Reported by J W DuBois MD

Address Tombrills Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full: Elizabeth. Clark — Certificate of Death

Died at Town: Odenton — County: Anne Arundel — MARYLAND

Date 1899 Month: 11 Day: 2 — Age Y.: 4 M.: D.: — Native of: Maryland — ~~Occupation~~

~~Male~~ / White / ~~Married~~ / ~~Widow~~ / ~~Divorced~~

Female / ~~Colored~~ / Single / ~~Widower~~ / ~~Number of children living~~

~~Husband~~ / ~~of~~ / ~~Wife~~

Father's Name: Theodore Clark — Mother's Name: Harriet R Clark

Cause of Death — Primary: Diphtheria — How long sick: 6 days

Immediate: [illegible] 8a

~~Accident, Suicide, Homicide~~

Reported by: [illegible] DeBois MD,

Address: Jessups Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full Parthenia Clark

Certificate of Death

Died at Town Odenton County Anne Arundel MARYLAND

Date 1896 Month 11 Day 4 Age Y. 1 M. 11 D. 1 Native of Maryland Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Shelby Clark

Mother's Name Harriet R Clark

Cause of Death: Primary Uraemia 100 How long sick 48 hours

Immediate Convulsion ~~Accident, Suicide, Homicide~~

Reported by J. W. DuBois MD

Address Fairhills

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Certificate of Death

Robert P Clarke

Died at Town Odenton County Anne Arundel MARYLAND

Date 1899 Month 11 Day 2 Age Y. 9 M. D. Native of Odenton ~~Occupation~~

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of Wife

Father's Name Shelby Clark

Mother's Name Harriet R Clark

Cause of Death: Primary Diphtheria 8 a How long sick 7 days

Immediate Do ~~Accident, Suicide, Homicide~~

Reported by J W Du Bois MD

Address Gambrills Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Certificate of Death

Carie Elizabeth Davis

Died at Town: Annapolis County: Anne Arundell MARYLAND

Date 1899 Month: Nov Day: 19th Age Y. 2 M. 1 ~~D.~~ Native of Md ~~Occupation~~ —

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife —

Father's Name Robt. M. Davis Mother's Name Susan Turner

Cause of Death: Primary — 39a How long sick one week

Immediate Inflammation brain (acute) Accident, Suicide, Homicide

Reported by W. Clement Claude

Address 82 Prince Geo. St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Helen Evens

Town

Died at Annapolis

County

Anne Arundel MARYLAND

Date 1899 Month 11 Day 8

Age Y. 13 M. D.

Native of Md

Occupation

~~Male~~ Female

White ~~Colored~~

~~Married~~ Single

~~Widow~~ ~~Widower~~

~~Divorced~~

~~Number of children living~~

Husband of Wife

Father's Name George Evens.

Mother's Name Elizabeth Figgs

Cause of Death: Primary Diphtheria & a — How long sick 9 days

Immediate Paralysis of heart

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by James S Taylor

Address 54. Cornhill St Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Dr Wells attended

informed by Dr Wells

Annapolis Md

Name in Full

# Certificate of Death

Susanna Gales

Town

Died at Annapolis

County

Anne Arundel MARYLAND

Date 1899 Month 11. Day 7

Age Y. 69 M. B.

Native of Jermany

Occupation House Wife

~~Male~~ Female

White ~~Colored~~

Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~

Number of children living 4 -

~~Husband~~ Wife of E. E. Gales

~~Father's~~ Name

~~Mother's~~ Name

Cause of Death: Primary Apoplexie 42 — How long sick 1 week

Immediate Heart Failure — ~~Accident, Suicide, Homicide~~

Reported by James L Taylor

Address 54 Cornhill & Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

attending Physician Dr Geo Wells
Reported - information
Dr Wells.
Annapolis Md

Name in Full: Thomas H Harris

Certificate of Death

Died at — Town: Annapolis — County: AA Co — MARYLAND

Date 189 9 — Month: Nov — Day: 4 — Age: Y. 20 M. 4 D. 27 — Native of: city — Occupation: Laborer

Male — ~~White~~ — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — Colored — Single — ~~Widower~~ — ~~Number of children living~~

Husband / Wife of

Father's Name: Wm H Harris — Mother's Name: Dolly Harris

Cause of Death — Primary: Typhoid fever — How long sick: three weeks

Immediate: — Accident, Suicide, Homicide

Reported by: Wm Bishop M D

Address: 12 Chad Circle Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full

Certificate of Death

Horace Holydyoke

Died at Annapolis - (Town) Anne Arundel (County) MARYLAND

Date 1899 November 22 (Month, Day) Age Y. 20 — M. — D. | Native of Annapolis | Occupation Veterinary Surgeon

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of children living

~~Husband~~ Wife ~~of~~

Father's Name Daniel Holydyoke

Mother's Name Margt ~~Jane~~ Strange-Holydyoke

Cause of Death — Primary: Erysipelas, facial 125

Immediate: " Brain

How long sick 4 days

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by H R Walton M D

Address Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65160

Name in Full

Cartificate of Death

John H. Hunt

Died at Town near Galesville County Anne Arundel MARYLAND

Date 1899 Month 11 Day 20 | Age Y. 62 M. D. | Native of | Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary heart disease 57 | Immediate

How long sick

Accident, Suicide, Homicida

Reported by Md. Republican 11-25

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertakar or ministar.

LIBRARY BUREAU. 79898

Name in Full Mary Hynson

Certificate of Death

Died at Town Annapolis County Anne Arundel MARYLAND

Date 189 9 Month 11 Day 22 | Age Y. 60 M. — D. — | Native of — | Occupation —

~~Male~~ Female ~~White~~ Colored ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

Husband of —
Wife

Father's Name —

Mother's Name —

Cause of Death: Primary Exposure & Starvation 15 d

Immediate —

How long sick —

Accident, Suicide, Homicide

Reported by J. M. Worthington

Address Annapolis Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

William Jennings —

Died at Town Annapolis County A A — MARYLAND

Date 1899 Month Nov Day 21 Age Y. 65 M. D. Native of A A County Occupation Laborer

Male ~~White~~ Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name 22a

Cause of Death Primary Phthsis Pulmonalis How long sick Two months

Immediate Accident, Suicide, Homicide

Reported by John Ridout MD

Address Annapolis Md —

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Willfred W Johnson

Died at Town Annapolis County A A MARYLAND

Date 1899 Month Nov Day 17th | Age Y. 52 M. D. | Native of Annapolis | Occupation

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | Widow ~~Widower~~ | Divorced Number of children living

Husband of

Wife

Father's Name Will Johnson | Mother's Name Maggie Johnson

Cause of Death: Primary Tuberculosis of the Brain | How long sick Four weeks

Immediate | Accident, Suicide, Homicide

226

Reported by John Ridout M D

Address Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full #5706 George R. King

Certificate of Death

Died at Town Jessups County Anne Arundel MARYLAND

Date 1899 Month 11 Day 6

Age Y. 74 M. 8 D. 25

Native of Maryland

Occupation machinist

~~Male~~ ~~Female~~

White ~~Colored~~

~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~

Number of children living Five

~~Husband~~ ~~Wife~~ of

Father's Name Joseph R. King

Mother's Name Mary A. King

Cause of Death: Primary Chronic Nephritis 9 7

How long sick Five months

Immediate Cerebral Hemorrhage

~~Accident, Suicide, Homicide~~

Reported by R. H. Hammond

Address Jessups

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65968

Name in Full | Certificate of Death

Catherine McCalley

Died at Town: Annapolis County: A.A. MARYLAND

Date 1899 Month: Nov Day: 21st | Age Y.: 5 M.: — D.: — | Native of: Annapolis Md | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband of~~ ~~Wife~~

Father's Name: George McCalley | Mother's Name: Carrie McCalley

Cause of Death: Primary 146a | How long sick 1 day

Immediate Accidently Burnt | Accident, ~~Suicide, Homicide~~

Reported by Alex Evans Undertaker

Address 24 College ave Annapolis

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Dr Barber U.S.N.

Name in Full

Certificate of Death

Mrs. Louisa Shjourdan

Died at Town: Annapolis County: A A Co MARYLAND

Date 189 9 Month: Nov Day: 8 | Age Y. 68 M. D. | Native of: Germany | Occupation: Housewife

~~Male~~ Female | White | ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living 1

~~Husband~~ Wife of Edgar A. Shjourdan

Father's Name

Mother's Name

Cause of Death: Primary: Chronic Bronchitis 70 | Immediate: Asthenia | How long sick: 3 weeks

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Wm. S. Welch M.D.

Address 92 Gloucester st [redacted] Annapolis

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full #5757

Certificate of Death

Helen Margaret Spillman

Died at Town: Jessup County: Anne Arundel MARYLAND

Date 1899 Month: 11 Day: 24 Age Y. 1 M. 9 D. 13 Native of Maryland Occupation —

~~Male~~ Female White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband of~~ ~~Wife~~

Father's Name Clarence A. Spillman Mother's Name Margaret A. Spillman

Cause of Death: Primary Intestinal Sepsis 1140 How long sick 24 hours

Immediate Convulsions ~~Accident, Suicide, Homicide~~

Reported by R. T. Hammond M. D.

Address Jessup Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895

Attended by Dr. R. F. Hammond

of Jessup, Md.

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full Susan Thompson

Certificate of Death

Died at Town Churchton County A A MARYLAND

Date 189 Month Nov Day 6 | Age Y. 38 M. D. | Native of Md | Occupation Housewife

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 9

~~Husband~~ Wife of Theophilus Thompson

Father's Name Richard Taylor | Mother's Name Minnie Davis

Cause of Death { Primary Paralysis 44 | How long sick 9 mo.

Immediate Convulsions | ~~Accident, Suicide, Homicide~~

Reported by Geo. T. Dent, M.D.

Address Churchton, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6506?

Name In Full Lula Watkins

Certificate of Death

Died at Town Annapolis County A A MARYLAND

Date 1899 Month Nov. Day 8th

Age Y. 24 M. yrs. D.

Native of A A County

Occupation Housework

~~Male~~ Female

~~White~~ Colored

~~Married~~ Single

~~Widow~~ ~~Widower~~

~~Divorced~~

~~Number of children living~~

Husband of Wife

Father's Name /

Mother's Name Sophie Watkins

Cause of Death: Primary Typho-Malarial Fever

Immediate

How long sick Two weeks

Accident, ~~Suicide~~, ~~Homicide~~

Reported by John Ridout M.D

Address Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899